#### FORM D

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

#### FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6) AND/OR SECURITIES PURSUANT TO REGULATION D, UNIFORM LIMITED OFFERING EXEMPTION

| OMB APPROVAL |           |  |  |  |
|--------------|-----------|--|--|--|
| OMB NUMBER:  | 3235-0076 |  |  |  |
|              |           |  |  |  |

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|--------------------|---------------|
|                    | March 15, 200 |
| Estimated average  | burden        |
| hours per response |               |
|                    |               |

| SEC USE ONLY |  |                     |        |  |  |
|--------------|--|---------------------|--------|--|--|
| Prefix       |  |                     | Serial |  |  |
|              | 1  | 1                   |        |  |  |
|              | <u>.                                    </u> |                     |        |  |  |
|              | Date Re                                      | ceiv <del>e</del> d |        |  |  |
|              | Ι.   |                     |        |  |  |

| Filing Under (Check box(es) that apply): Type of Filing:   New Filing                 | □ Rule 504 □ Rule 505<br>Amendment   | ☑ Rule 506                                      | ☐ Sect                       | tion 4(6)                 | □ ULOE                              |
|---|--|---|------------------------------|---------------------------|-------------------------------------|
|   | A. BASIC IDENTIFI  | CATION DATA                                     |                              |                           |                                     |
| 1. Enter the information requested about t  | he issuer  |   |                              |                           |                                     |
| Name of Issuer ( Check if this is an an Piper Jaffray Venture Fund IV, LP             | nendment and name has changed  | d, and indicate cha                             | inge.)                       |                           |                                     |
| Address of Executive Offices<br>c/o Piper Jaffray Private Capital, LLC                | (Number and Street,<br>800 Nicollet Mall, J13<br>Minneapolis, MN 554       | 3N04.   | <i>'</i>                     | Telephone 1<br>612) 303-6 | Number (Including Area Code)<br>000 |
| Address of Principal Business Operations (if different from Executive Offices)        | (Number and Street, City, State, Zip Code)  Pion Company Code  Telephone N |   | Number (Including Area Code) |                           |                                     |
| Brief Description of Business   | N  | IAR 2 7 2009                                    | ) i                          |                           |                                     |
| Investment fund.  | THE  | nean den  | פספו                         | _                         |                                     |
| Type of Business Organization   |  | # # C (C) + # # # # # # # # # # # # # # # # # # | . 21 <b>% W</b>              | 11                        |                                     |
| corporation   | ☑ limited partnership, already   |   | □ othe                       | a (f                      | 09036764                            |
| Actual or Estimated Date of Incorporation Jurisdiction of Incorporation or Organizati | on: (Enter two-letter U.S. Postal  | Month<br>0 6                                    |                              | ⊠ Act                     | ual 📑 Estimated                     |

#### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those state that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

#### A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  Each promoter of the issuer, if the issuer has been organized within the past five years;
  Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

| Check Box(es) that Apply:  | ☐ Promoter | ☐ Beneficial Owner               | ☐ Executive Officer | Director   | <ul><li>Managing Member<br/>of the General<br/>Partner</li></ul> |
|--|------------|----------------------------------|---------------------|------------|--|
| Full Name (Last name first, if ind<br>Barrington, Scott L.               | ividual)   |                                  |                     |            |  |
| Business or Residence Address<br>800 Nicollet Mall, J13N04, Minn         |            | nber and Street, City, St<br>102 | ate, Zip Code)      |            |  |
| Check Box(es) that Apply:  | ☐ Promoter | ☐ Beneficial Owner               | ☐ Executive Officer | ☐ Director | □ General Partner of the Issuer                                  |
| Full Name (Last name first, if ind<br>Piper Jaffray Private Capital, LLC | •          |                                  |                     |            |  |
| Business or Residence Address<br>800 Nicollet Mall, J13N04, Minn         |            | nber and Street, City, St<br>102 | ate, Zip Code)      |            |  |
| Check Box(es) that Apply:  | ☐ Promoter | ☐ Beneficial Owner               | ☐ Executive Officer | ☐ Director | ☐ General and/or<br>Managing Partner                             |
| Full Name (Last name first, if ind                                       | ividual)   |                                  |                     |            |  |
| Business or Residence Address  | (Nun       | nber and Street, City, St        | ate, Zip Code)      |            |  |
| Check Box(es) that Apply:  | ☐ Promoter | ☐ Beneficial Owner               | ☐ Executive Officer | ☐ Director | ☐ General and/or<br>Managing Partner                             |
| Full Name (Last name first, if ind                                       | ividual)   |                                  |                     |            |  |
| Business or Residence Address  | (Мил       | nber and Street, City, St        | ate, Zip Code)      | ·          |  |
| Check Box(es) that Apply:  | Promoter   | ☐ Beneficial Owner               | ☐ Executive Officer | ☐ Director | ☐ General and/or<br>Managing Partner                             |
| Full Name (Last name first, if ind                                       | ividual)   |                                  |                     |            |  |
| Business or Residence Address  | (Nun       | nber and Street, City, St        | ate, Zip Code)      |            |  |
| Check Box(es) that Apply:  | ☐ Promoter | ☐ Beneficial Owner               | ☐ Executive Officer | ☐ Director | ☐ General and/or<br>Managing Partner                             |
| Full Name (Last name first, if ind                                       | ividual)   |                                  | <u> </u>            |            |  |
| Business or Residence Address  | (Nun       | nber and Street, City, St        | ate, Zip Code)      |            |  |
| Check Box(es) that Apply:  | ☐ Promoter | ☐ Beneficial Owner               | ☐ Executive Officer | ☐ Director | ☐ General and/or<br>Managing Partner                             |
| Full Name (Last name first, if ind                                       | ividual)   |                                  |                     |            |  |
| Business or Residence Address  | (Nun       | nber and Street, City, St        | ate, Zip Code)      |            |  |

|   |  | •   |   | R INFO                   | ORMATIO                       | N AROLIT                      | OFFERD                                  | √G                          |                               |                            |                        |                    |
|---|--|---|---|--------------------------|-------------------------------|-------------------------------|---|-----------------------------|-------------------------------|----------------------------|------------------------|--------------------|
|   |  |   |   |                          |                               |                               |   |                             | <del></del>                   |                            |                        | No                 |
| 1. Has the iss  |  |   |   |                          |                               |                               | s in this off                           | ering?                      |                               | *********                  |                        | ⊠                  |
|   | Ans  | wer also in                                   | Appendix,                                     | Column 2,                | if filing und                 | der ULOE.                     |   |                             |                               |                            |                        |                    |
| 2. What is the  | e minimum                                    | investment                                    | t that will b                                 | e accepted               | from any in                   | dividual?                     | **************                          |                             |                               | *********                  | \$ <u>500,00</u>       | <u>)() *</u>       |
| * The General   | l Partner of                                 | the Issuer r                                  | nay waive t                                   | he minimu                | m investme                    | nt amount.                    |   |                             |                               | ,                          | Yes .                  | No                 |
| 3. Does the o   | ffering peri                                 | nit joint ow                                  | nership of                                    | a single uni             | it?                           |                               |   | •••••••                     |                               |                            | ⊠                      |                    |
| 4. Enter the irremuneration agent of a bropersons to be Full Name (L. | for solicita<br>ker or deale<br>listed are a | tion of pure<br>er registered<br>ssociated pe | thasers in co<br>I with the S<br>ersons of su | onnection v<br>EC and/or | vith sales of<br>with a state | securities i<br>or states, li | in the offeri<br>st the name            | ng. If a per<br>of the brol | rson to be li<br>cer or deale | isted is an<br>r. 'If more | associate<br>than five | d person or        |
| Juniper Capita  | al Group I                                   | ıc  |   |                          |                               |                               |   |                             |                               |                            |                        |                    |
| Business or R   |  |   | mber and S                                    | treet, City,             | State, Zip C                  | Code)                         |   |                             |                               |                            |                        |                    |
|   |  |   |   |                          |                               |                               |   |                             |                               |                            |                        |                    |
| 520 Madison<br>Name of Asso   |  |   |   |                          |                               |                               |   |                             |                               |                            |                        |                    |
| 7,2110  |  |   |   |                          |                               |                               |   |                             |                               |                            |                        |                    |
| States in Whi   | ch Person I                                  | isted Has S                                   | Solicited or                                  | Intends to 5             | Solicit Purc                  | hasers                        |   |                             |                               |                            |                        |                    |
| (Check "  | All State" o                                 | r check ind                                   | ividual Stat                                  | es)                      |                               |                               |   |                             |                               |                            | 🛛                      | All States         |
| [AL]  | [AK]   | [AZ]  | [AR]  | [CA]                     | [CO]                          | [CT]                          | [DE]                                    | [DC]                        | [FL]                          | [GA]                       | [HI]                   | (ID)               |
| (IL)  | [IN]   | [IA]  | [KS]  | [KY]                     | [LA]                          | [ME]                          | [MD]                                    | [MA]                        | [MI]                          | [MN]                       | [MS]                   | [MO]               |
| [MT]  | [NE]   | [NV]  | [NH]  | [NJ]                     | [NM]                          | [NY]                          | [NC]                                    | [ND]                        | [OH]                          | [OK]                       | [OR]                   | [PA]               |
| [RI]  | [SC]   | [SD]  | [TN]  | [TX]                     | [UT]                          | [VT]                          | [VA]                                    | [WA]                        | [WV]                          | [WI]                       | [WY]                   | [PR]               |
| Full Name (L  | ast name fi                                  | rst, if indiv                                 | idual)  |                          |                               |                               |   |                             |                               |                            |                        |                    |
| Cazenave & C  | Company, I                                   | nc.   |   |                          |                               |                               |   |                             |                               |                            |                        |                    |
| Business or R   |  |   | mber and S                                    | treet, City,             | State, Zip C                  | Code)                         |   |                             |                               |                            |                        |                    |
| One Embarca   | dana Canta                                   | - Puita 500                                   | 1 DMD 516                                     | O San Fran               | raisaa CA 9                   | 04111                         |   |                             | ,                             |                            |                        |                    |
| Name of Asso  | -  |   |   | o, San Frai              | icisco, CA                    | 74111                         | <u>-</u>                                |                             | e                             |                            |                        |                    |
| THATTIC OF THE  | ocimou bro                                   |   | <del>-</del> -                                |                          |                               | •                             |   |                             |                               |                            |                        |                    |
| States in Whi   | ah Darcan I                                  | listed Her                                    | Solicited or                                  | Intende to               | Solicit Purc                  | hacerc                        |   |                             |                               | -                          |                        |                    |
|   |  |   | lividual Sta                                  |                          |                               |                               | *************************************** |                             |                               |                            | 🛛                      | All States         |
| [AL]  | [AK]   | [AZ]  | [AR]  | [CA]                     | [CO]                          | [CT]                          | [DE]                                    | [DC]                        | [FL]                          | [GA]                       | [HI]                   | [ID]               |
| (IL)  | [IN]   | [IA]  | [KS]  | [KY]                     | [LA]                          | (ME)                          | [MD]                                    | [MA]                        | [MI]                          | [MN]                       | [MS]                   | [MO]               |
| [MT]  | [NE]   | [NV]  | [NH]  | [NJ]                     | [NM]                          | [NY]                          | [NC]                                    | [ND]                        | [OH]                          | [OK]                       | [OR]                   | [PA]               |
| [RI]  | [SC]   | [SD]  | [TN]  | [TX]_                    | [UT]                          | [VT]                          | [VA]                                    | [WA]                        | [WV]                          | [WI]                       | [WY]                   | (PR]               |
| Full Name (L  | ast name fi                                  | rst, if indiv                                 | idual)  |                          |                               |                               |   |                             |                               |                            |                        |                    |
| Henry Rose C  | <u>``</u> o                                  |   |   |                          |                               |                               |   |                             |                               |                            |                        |                    |
| Business or F   |  | ddress (Nu                                    | mber and S                                    | treet, City.             | State, Zip (                  | Code)                         |   | <u> </u>                    |                               |                            |                        |                    |
|   |  |   |   | •                        | •                             |                               |   |                             |                               |                            |                        |                    |
| 512 Janalyn G   |  |   |   |                          |                               |                               |   |                             |                               |                            |                        | +                  |
| Name of Ass   | ocialed bit                                  | ACI OI DCAI                                   | iCi   |                          |                               |                               |   |                             |                               |                            |                        |                    |
| States in Wh  | ich Person                                   | Listed Has                                    | Solicited or                                  | Intends to               | Solicit Purc                  | hasers                        |   |                             | -                             | <del></del>                |                        | All States         |
|   |  |   | dividual Sta                                  |                          |                               |                               | (DE)                                    | <br>mei                     | [FL]                          | [GA]                       | ں<br>[HI]              | All States<br>[ID] |
| [AL]  | [AK]   | [AZ]  | (AR)  | [ <u>CA</u> ]            | [CO]                          | [CT]                          | (DE)                                    | [ <u>DC</u> ]<br>[MA]       | (MI)                          | [MN]                       | [MS]                   | [MO]               |
| [ <u>IL</u> ]   | (IN)   | [IA]  | (KS)  | [KY]                     | [LA]                          | [ME]                          | ( <u>MD)</u>                            | [ND]                        | [OH]                          | (OK)                       | [ <u>OR</u> ]          | [PA]               |
| [MT]  | [NE]   | [NV]  | [NH]  | [NJ]                     | [NM]                          | ( <u>NY</u> )                 | [NC]                                    |                             |                               | [WI]                       | [WY]                   | (PR)               |
| [RI]  | [SC]   | [SD]  | [TN]  | [ <u>TX</u> ]            | [UT]                          | [VT]                          | [VA]                                    | [WA]                        | [WV]                          | [ AA 1]                    | [ 44 1 ]               | [1.17]             |

### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| <ol> <li>Enter the aggregate offering price of securities included in this offering and the total amount<br/>already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering,<br/>check this box and indicate in the columns below the amounts of the securities offered for exchange<br/>and already exchanged.</li> </ol>                            |                             |  |
|--|-----------------------------|--|
| Type of Security   | Aggregate<br>Offering Price | Amount Already<br>Sold                     |
| Debt   | \$ <u>0</u>                 | \$ <u>0</u>                                |
| Equity   | \$_0                        | \$_0                                       |
| □ Common □ Preferred   |                             |  |
| Convertible Securities (including warrants)  | \$ <u>.0</u>                | \$ 0                                       |
| Partnership Interests  |                             | \$ 21,800,000                              |
| Other (Specify)  | \$ <u>0</u>                 | \$ <u>_0</u>                               |
| Total  |                             | \$ 21,800,000                              |
| Answer also in Appendix, Column 3, if filing under ULOE.   |                             |  |
| 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."            | Number<br>Investors         | Aggregate<br>Dollar Amount<br>of Purchases |
| Accredited Investors   | 6                           | \$ 21,800,000                              |
| Non-accredited Investors   | 0                           | \$ <u>0</u>                                |
|  |                             |  |
| Total (for filings under Rule 504 only)  | _N/A                        | \$ <u>N/A</u>                              |
| Answer also in Appendix, Column 4, if filing under ULOE.   |                             |  |
| 3. If this filing is for an offering under <u>Rule 504</u> or <u>505</u> , enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.   |                             | •  |
| Type of offering   | Type of<br>Security         | Dollar Amount<br>Sold                      |
| Rule 505   | N/A                         | \$ <u>N/A</u>                              |
| Regulation A   | N/A                         | \$ <u>N/A</u>                              |
| Rule 504   | N/A                         | \$ <u>N/A</u>                              |
| Total  | N/A                         | \$ <u>N/A</u>                              |
| 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                             |  |
| Transfer Agent's Fees  | E                           | \$ <u>0</u>                                |
| Printing and Engraving Costs   |                             | \$ <u>0</u>                                |
| Legal Fees   | 2                           | \$500,000                                  |
| Accounting Fees  | C                           | <b>1</b> \$ 0                              |
| Engineering Fees   |                             | \$ 0                                       |
| Sales Commissions (specify finders' fees separately)   |                             | \$ <u>0</u>                                |
| Other Expenses (identify)  |                             | \$ <u>0</u>                                |
| Total  | 5                           | \$ 500,000                                 |

| C.                   |
|----------------------|
| OFFERING PRICE.      |
| NUMBER OF INVESTORS. |
| EXPENSES AN          |
| ND USE               |
| OF PROCEEDS          |

b. Enter the difference between the aggregate offering price given in response to Part C - Question

|         | "adjusted gross proceeds to the issuer."  |             | \$   | <u>99,5</u> | 00,000                |
|---------|---|-------------|--|-------------|-----------------------|
| u<br>e: | ndicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be sed for each of the purposes shown. If the amount for any purpose is not known, furnish an stimate and check the box to the left of the estimate. The total of the payments listed must equal ne adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above. |             | Payments to<br>Officers,<br>Directors, &<br>Affiliates |             | Payments To<br>Others |
|         | Salaries and fees   | $\boxtimes$ | \$ <u>*</u>  |             | \$_0                  |
|         | Purchase of real estate   |             | \$ <u>0</u>  |             | \$_0                  |
|         | Purchase, rental or leasing and installation of machinery and equipment   |             | <b>\$</b> _0   |             | \$_0                  |
|         | Construction or leasing of plant buildings and facilities   |             | \$ <u>0</u>  |             | \$ <u>0</u>           |
|         | Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)  | _           | \$ <u>0</u>  | 0           | \$ <u>0</u>           |
|         | Repayment of indebtedness   |             | \$ <u>0</u>  |             | \$ <u>0</u>           |
|         | Working Capital   |             | \$_0   |             | \$ 0                  |
|         | Other (specify): Purchase of Investments  |             | \$ 0   | ×           | \$ **                 |
|         | Column Totals   | Ø           | \$_*   | ×           | S_**                  |

<sup>\*</sup> Piper Jaffray Private Capital, LLC will receive, for the advice and services to be provided to Piper Jaffray Venture Fund IV, LP (the "Issuer"), an annual management fee (the "Management Fee") quarterly in arrears on the last day of each fiscal quarter, equal to a percentage (as specified in the Amended and Restated Limited Partnership Agreement of the Issuer) multiplied by the Subscription of each Limited Partner of the Issuer.

<sup>\*\*</sup> Any difference between \$99,500,000 and the Management Fee.

#### D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under <u>Rule 505</u>, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of <u>Rule 502</u>.

| Issuer (Print or Type)            | Signaturo  | Date                                       |
|-----------------------------------|--|--|
| Piper Jaffray Venture Fund IV, LP | ma mtz   | March <u>/ 0</u> , 2009                    |
| Name of Signer (Print or Type)    | Title of Signer (Print or Type)  |  |
| Scott L. Barrington               | Managing Member of Piper Jaffray Private Capital, L<br>Venture Fund IV, LP | .L.C, the General Partner of Piper Jaffray |

